



Franco Bottari & Associates ^{CC}

SPECIALIST SHORT TERM INSURANCE BROKERS

LETTER OF AUTHORISATION

(Please note that this letter of authorisation is not a letter of appointment.)

I/We : _____ hereby give FRANCO BOTTARI & ASSOCIATES access to the cover, insured amounts and claims history of my portfolio with the aim of compiling a quotation or presentation.

The following policy/policies are applicable: *[Tick Box]*

Commercial

Domestic / Household

Marine / Transit

Other

Name of Insured:

Address of Insured:

Policy Number:

Telephone Number :

Cell Number:

SIGNATURE OF INSURED

DATE SIGNED



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